FI 17 05/2004 Division of Finance



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Agency Reference	Number (optional)		
Pay Period End D	ate of Adjustment		
Name:		MM/DD/YYYY	
Employee Numbe	r:		
Agency Name			
Division			
Org	Distribution Code:		
Company:			

## **PAYROLL SYSTEM - LEAVE ADJUSTMENT FORM**

Leave Used Adjustments				
Date of Error (MM/DD/YYYY)	Pay Period End Date (MM/DD/YYYY)	# of Hours to be Adjusted	Adjustment Codes & Descriptions	
Leave Earned Adjustments				
Date of Error	Pay Period End Date (MM/DD/YYYY)	# of Hours to be Adjusted	Adjustment Codes & Descriptions	
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		ı	Reason for Adjustments	
Employee Signature:			Date:	
Agency Approval:			Date:	
Adjustment Made By:			In Pay Period Ending:	